



PHARMACY MANUAL

**WHP Health Initiatives, Inc.
2275 Half Day Road, Suite 250
Bannockburn, IL 60015**

Welcome

WHP Health Initiatives, Inc. (“WHI”) is pleased to welcome you to our network of participating pharmacies.

We look forward to working with you to provide accessible, cost-effective, high quality pharmacy services for our clients and their members.

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I. INTRODUCTION

This manual is intended to serve as a guide to assist your pharmacy staff by providing information regarding the procedures and policies of WHI.

As you read through this manual you will find:

- Sample drug program specifications
- General information
- Information to aid pharmacies in submitting prescription claims

On-line claims adjudication reflects the most current benefits and takes precedence over any printed information.

We hope that your day-to-day questions concerning WHI pharmacy programs are adequately addressed in this manual. If you have additional questions or if additional information is needed, the appropriate telephone numbers are on page 9.

II. THE IDENTIFICATION CARD

WHI members are provided with an identification card. Members are instructed to present their ID card when obtaining a prescription from a network pharmacy. When filing a claim for services, it is important that you ask to see the ID card and the name of the member who will be using the prescription. If no ID card is presented and eligibility cannot be confirmed on-line, the pharmacy may collect its usual and customary retail price.

Network pharmacies will provide services to eligible members in a timely manner, as provided to other customers, and shall have pharmacy services available for a minimum of eight hours a day, six days a week.


		XYZ Company	
www.mywhi.com			
PRESCRIPTION DRUG PROGRAM			
RxBIN	603286		
RxPCN	01410000		
RxGrp	XXXXXX		
Issuer	(80840)		
Name	JOHN Q SAMPLE		
ID	12345678901		
02	MARY	03	LAURA
04	TOM	05	JERRY
06	ANTHONY	07	ANGELA

Figure 1. WHI Identification Card

Information on the WHI Identification Card (see Figure 1) required in filing a claim:

- **Cardholder Name**
The subscriber name associated with the cardholder ID number.
- **Cardholder ID Number**
The subscriber identification number. This will usually be either a nine digit number or nine digit number with a two digit suffix. (Patient's birth date must also be submitted with claim.)
- **Group Number**
A six digit alpha/numeric code assigned to the plan must be submitted with each claim.

III. DRUG PROGRAM SPECIFICATIONS, GENERAL (CAN VARY BY PLAN)

A. BENEFIT DESIGN

1. Covered Medications:

- a) All federal legend drugs
(drugs approved by the FDA unless listed in "Exclusions")
- b) Insulin
- c) Compound medications containing at least one legend drug
- d) Injectables

2. Exclusions:

- a) Over-the-counter drugs, except as listed above
- b) Lifestyle drugs
- c) Therapeutic devices or appliances

B. DISPENSING LIMITATIONS

1. Participating pharmacies should exercise sound professional judgment regarding drug dispensing practices and act in accordance with all state and federal regulations.
2. Pharmacist shall dispense the quantity of medication as prescribed **NOT TO EXCEED** the plan maximum benefit.

C. REIMBURSEMENTS

1. **Drug Cost:** Based on discounted AWP or MAC
2. **Professional Fee:** Brand: per agreement
Generic: per agreement
3. **Co-Payment:** VARIES

NOTE: If the amount of the claim is less than the copayment charge, pharmacy shall collect from the member the lesser of pharmacy's usual and customary charge for the prescription or the member's copay.

D. INQUIRIES

1. **Claim Status:** Any questions regarding claims status should be directed to our Member Services Department, available toll-free at 1-800-207-2568. Please identify your pharmacy as a provider for WHI and have your NCPDP number available.
2. **Member Eligibility:** Any questions regarding member eligibility should be directed to our Member Services Department, available toll-free at 1-800-207-2568. Member identification number and group information should be available.

E. COVERAGE

A pharmacist can verify a member's coverage by submitting the information noted on the Membership ID Card. If an "invalid" response is received, please check that all submitted information exactly matches the elements on the ID card.

F. SIGNATURE LOG

Pharmacy shall maintain a signature log at each location listing the Plan Name, Prescription Number, and date of receipt, and require an eligible member or representative who receives a covered drug to sign the log.

IV. GENERAL CLAIM INFORMATION

A. SUBMISSION OF PRESCRIPTION CLAIMS

1. Pharmacies are required to submit a billing record of service for all covered prescriptions provided to a member. This includes prescriptions for which the usual and customary charge is less than the copayment and no reimbursement is due to the pharmacy.
2. Effective no later than October 16, 2003, Pharmacies must submit claims via electronic data interchange using NCPDP Version 5.1, as required under HIPAA. Prior to the conversion to NCPDP Version 5.1, pharmacies must submit electronic claims using NCPDP Version 3.2A.
3. All claims received on-line by the last working day of the semi-monthly processing cycle will be processed in the current payment cycle. Checks will be mailed after the release of funds by the plan sponsor.
4. In the event of prolonged system downtime, pharmacy may submit claims within 60 days of service via either electronic transmission or Universal Claim Form (UCF).

B. POINT-OF-SALE

1. **Pharmacy Vendor and Point-of-Sale Devices:** Point-of-sale claims can be submitted to WHI through a pharmacy computer system or point-of-sale device. Please contact your pharmacy system or point-of-sale device vendor if you have any questions about how to submit claims.
2. **Phone Number:** Please contact the communication network vendor to obtain the phone number that allows you to access the processor and submit claims.
3. **Claims Submission:** WHI will identify whether a claim has been accepted or rejected. If the claim is accepted, WHI will identify the amount paid and the copay to collect from the member. WHI will provide additional informative messages (e.g., the quantity allowed is less than submitted). If the claim is rejected, WHI will identify the reason(s) why the claim was rejected.
4. **Bin Number and Carrier ID:** When submitting claims through point-of-sale, you are required to submit a Bin number and Carrier ID. The Bin number is 603286; the Carrier ID (PCN) for WHI is 01410000. This number must be submitted with every claim. Your system or device vendor can tell you how to input this ID.
5. **Reversals:** If you need to resubmit a claim previously accepted through point-of-sale, you must first submit a reversal. You must also submit a reversal when a member fails to pick up a filled prescription within ten days. Please refer to your system documentation or vendor for information about submitting reversals.

6. Trouble-Shooting

- a) If your pharmacy system or point-of-sale device is unable to make a connection with the claim processor's computer system, contact your communication network vendor or switch.
- b) If a claim is rejected and you do not understand the reason provided or if you have a question about the reimbursement for a claim, contact the claim processor through the network Member Services Department (1-800-207-2568). Please have your NCPDP number and prescription number available when you call.
- c) If you have a question about pharmacy, prescriber, or member eligibility, contact the network Member Services Department (1-800-207-2568).

C. NCPDP STANDARD UNIVERSAL CLAIM FORM (UCF)**1. Types of Forms**

- a) Handwritten - when the form is completed by hand, the last copy is sent to the claim processor.
- b) Computer generated - when the form is computer generated:
 1. Submit only the original (top) copy.
 2. The continuous form paper used by computers when printing UCF claims should be separated (burst) and the tractor strips must be removed from the edges prior to sending to the claim processor.
 3. You may choose to have the member sign a prescription log. This should be noted with "Signature on File" in the appropriate space on the UCF.

2. Fees - there may be a fee reduction per claim for processing Universal Claim Forms.**3. Submitting claims for processing**

- a) All UCFs must be **legible, accurate, and complete**. Please type or neatly print all the UCF information.
- b) Claims and corrections to prior claims must be forwarded to WHI via first class mail within 60 days of original service date. To assure proper handling the following address should be used when mailing claims information:

WHP Health Initiatives, Inc.
Claims Department
P.O. Box 545
Deerfield, IL 60015

NOTE: Claims information submitted in any manner other than the above procedure may be subject to loss or lengthy processing delays.

D. PROCESSING OF PRESCRIPTION CLAIM FORMS

1. Each individual claim will be processed as received by the claim processor. Extensive edit checks are made to assure proper reimbursement. Claims containing one or more fatal errors will be rejected. Pharmacy may resubmit claims found to be in error within 60 days of original service date to the claim processor for further processing.
2. Adjustments to paid or denied claims are possible. The pharmacy should submit to WHI documentation supporting the pharmacy's request for a correction, and a copy of the claim processor's reconciliation highlighting the claims or claims for which you are requesting adjustments.

E. REPORTS TO PHARMACIES

1. Checks will be mailed to pharmacies twice a month. The Pharmacy Reconciliation Report will provide an accounting of all claims submitted to the claim processor during the current cycle, and will provide totals for reconciliation of the check amount.
2. Following is a list of the items that WHI will produce and forward directly to pharmacies:
 - Pharmacy Reconciliation Report
 - ChecksThese items are mailed in accordance with the specifications cited in each sponsor's individual contract.

- F. PRICING:** Each submitted claim will be priced using the specific guidelines established by the Plan Sponsor. The source of AWP prices is First Data Bank's Blue Book. Prices are effective on the date the prescription was filled.

- G. QUESTIONS REGARDING CLAIMS SUBMISSION:** Please direct all inquiries regarding claims to:

**WHP Health Initiatives, Inc.
Claims Department
P.O. Box 545
Deerfield, IL 60015
1-800-207-2568**

V. SAMPLE Universal Claim Form (UCF) Explained (see Figure 2)

Note: Upon release, new versions will be accepted.

1. **Group No.** - group number designated on the ID card.
2. **Card Holder ID No.** - subscriber ID number from the Prescription Drug Benefit Card.
 IMPORTANT: Please include the complete ID number, which may include a suffix at the end of the subscriber's ID.
3. **Card Holder Name** - The member's name from the membership ID card.
4. **Name** - The name of the pharmacy submitting the claim.
5. **Pharmacy No.** - NCPDP number of the pharmacy submitting the claim.
 If you do not know your NCPDP number, it can be obtained by calling the office of the National Council of Prescription Drug Programs at 480-477-1000.
6. **Patient Name** - The patient's full name should correspond to ID card and prescription order.
7. **Date of Birth** - Birth date of patient (MMDDYYYY).
8. **Sex** - Place an "X" in the appropriate box to identify patient's sex.
9. **Relationship to Cardholder** - an "X" in the Card Holder, Child, Spouse, or other box as appropriate.
10. **Date Rx(s) Written** - This is the month, day, and year the prescription(s) was written (MMDDYYYY).

FIGURE 2. UNIVERSAL CLAIM FORM

11. **Date Rx(s) Filled** - This is the month, day, and year the prescription(s) was filled (MMDDYYYY).
12. **Rx Number** - prescription number consisting of up to seven digits.

13. **NEW/REFILL** - Place a "N" in the box if this pertains to an original prescription, or "R" in the box if it is a refill.
14. **Metric Quantity** - number of tablets, capsules, etc., dispensed.
 - a) When liquids are dispensed, use ml or cc and decimals if appropriate (i.e., 2.5).
 - b) When original packages (ointments, drops, etc.) are dispensed, use metric units dispensed such as grams or cc. For example, Aristocort Cr _ oz. should show "15" - referring to the number of grams.
 - c) Do not write the metric form being used (i.e., ml or cc) on the UCF.
15. **Days Supply** - The number of days the medication will last the patient when taken according to directions. If the days supply is not applicable or not known, enter "1".
16. **National Drug Code** - The National Drug Code for the drug being dispensed. If the drug is a compound, enter the NDC of the most expensive legend ingredient, and detail the compound on the back of each claim form. Include the NDC number of each legend drug in the compound.
17. **Prescriber Identification** - the prescriber's ID number. A valid DEA number must be submitted for each claim. If the DEA number is not available, please provide the prescriber's name.
18. **DAW (dispensed as written)** – Standard NCPDP Codes are:
 - 0 = No product selection indicated
 - 1 = Substitution not allowed by prescriber
 - 2 = Substitution allowed - patient requested product dispensed
 - 3 = Substitution allowed - pharmacist selected product dispensed
 - 4 = Substitution allowed - generic drug not in stock
 - 5 = Substitution allowed - brand drug dispensed as a generic
 - 6 = Override
 - 7 = Substitution not allowed - brand drug mandated by law
 - 8 = Substitution allowed - generic drug not available in marketplace
 - 9 = Other
19. **Ingr. Cost** - The billed amount for the dispensed quantity of drug only (\$\$\$. $\phi\phi$).
20. **Disp. Fee (optional)** - professional fee charged for dispensing the drug (\$\$\$. $\phi\phi$).
21. **Tax** - The appropriate City, County and State tax, where applicable.
22. **Total price (required)** - total of the ingredient cost, dispensing fee, and tax (\$\$\$. $\phi\phi$), or the usual and customary retail, whichever is less.
23. **DED. Amt. (Optional)** - The Copay amount collected (\$\$\$. $\phi\phi$).
24. **Bal** - The total billed amount (\$\$\$. $\phi\phi$).

VI. TELEPHONE NUMBERS - Major holidays excluded

**Member Services Department: 1-800-207-2568
(available 24 hours Sunday through Saturday)**

VII. ADDING OR DELETING A PHARMACY LOCATION

A. ADDING A PHARMACY LOCATION

To enroll new pharmacies under an existing agreement or to ensure transfer of provider information for relocated pharmacies with new NCPDP numbers, send the information in Table 1 (below) in a timely manner to WHI.

Send Information to:

WHI

Provider Relations Department
2275 Half Day Road – Suite 250
Bannockburn, IL 60015
FAX No: (847) 572-4128

ELEMENT	TYPE OF FIELD
Chain or Store NAME	Alpha
Store NUMBER (if any)	Alpha-numeric
Street Address	Alpha-numeric
City	Alpha
County	Alpha
State (2-letter abbrev.)	Alpha
Zip Code	Numeric
Email Address	Alpha-numeric
Telephone	Alpha-numeric
24-Hour Location?	Y/N
NCPDP Number	Numeric
DEA Number	Alpha-numeric
Tax ID Number(FEIN)	Alpha-numeric
State License Number	Alpha-numeric
Medicaid Number	Alpha-numeric
FAX	Alpha-numeric

Table 1: Basic Pharmacy Information

WHI will automatically add new or relocated pharmacies within 48 hours of receipt of this information on a routine basis. Please be proactive in providing this information regularly to ensure smooth operation at your store and good customer service.

B. DELETING A PHARMACY

If a pharmacy is no longer in operation or the NCPDP number is no longer active, please notify WHI as soon as possible to ensure accuracy of claims data and provider information to customers.